## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

#### STATEMENT OF ECONOMIC INTERESTS

RECEIVED

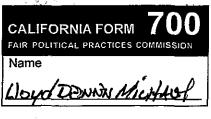
#### COVER PAGE

FAIR POLITICAL PRACTICES COMMISSION MAR 22 2011

□ State □ Judge (Statewide Jurisdiction) □ Multi-County □ SAN ROLLAND NOTE □ City of PANCHO CUCAMON □ Other □
Agency Name    City OF PANCHO CUCAMONIGA
Division, Board, Department, District, if applicable  Ciry Councy  If filing for molliple positions, list below or on an attachment.  Agency: DMN ITLANS  Position: BDALD MAYDE (12-2-10)  If filing for molliple positions, list below or on an attachment.  Agency: DMN ITLANS  Position: BDALD MAYDE (12-2-10)    Judge (Statewide Jurisdiction)
Position:   BDALD   MAYOL (12-2-10)
Position:   BDALD   MAYOL (12-2-10)
Position: BDALD MANIBLE  2. Jurisdiction of Office (Check at least one box)  State  Multi-County  City of PANCHO CUCAMONGA  3. Type of Statement (Check at least one box)  The period covered is January 1, 2010, through December 31, 2010.  The period covered is
Agency: DMNITANS  2. Jurisdiction of Office (Check at least one box)    State
2. Jurisdiction of Office (Check at least one box)  State  Multi-County  City of PANCHO CUCAMONG  Annual: The period covered is January 1, 2010, through December 31, 2010.  The period covered is, through December 31, 2010.  Assuming Office: Date, through December 31, 2010.  Assuming Office: Date, through December 31, 2010.  Assuming Office: Date, through December 31, 2010.  Schedule Summary  Check applicable schedules or "None."  Total number of pages including this cover page:
State
Multi-County
3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31, 2010or- (Check one)  The period covered is
3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2010, through December 31,
Annual: The period covered is January 1, 2010, through December 31, 2010.  The period covered is/, through December 31, 2010.  The period covered is/, through December 31, 2010.  Assuming Office: Date/, through December 31, 2010.  The period covered is January 1, 2010, through the date of leaving office.  The period covered is/, through the date of leaving office.
Annual: The period covered is January 1, 2010, through December 31, 2010.  The period covered is/, through December 31, 2010.  The period covered is/, through December 31, 2010.  Assuming Office: Date/, through December 31, 2010.  The period covered is January 1, 2010, through the date of leaving office.  The period covered is/, through the date of leaving office.
Leaving office: Date
of leaving office.  ☐ Candidate: Election Year Office sought, if different than Part 1:
4. Schedule Summary  Check applicable schedules or "None."  ➤ Total number of pages including this cover page:  Schedule A-1 - Investments – schedule attached  Schedule C - Income, Loans, & Business Positions – schedule attached  Schedule D - Income – Gifts – schedule attached
Check applicable schedules or "None." ► Total number of pages including this cover page:
Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property – schedule attached ☐ Schedule E - Income – Gifts – Travel Payments – schedule attached
-or-  None - No reportable interests on any schedule
<u> </u>
5. \
herein and in any attached schedules is true and complete. I acknowledge this is a
i certify under penalty of perjury under the laws of the State of California that
Date Signed Signature Signature

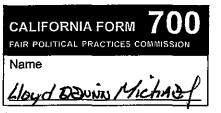
#### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



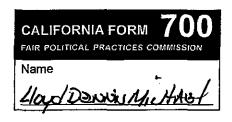
► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Dr. ROGINA S. HOLT, D.C.	·
Name 7365 CALNO/IAN SLITE 101	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY  CHILDPLACTIC OFFICE	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000//10	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
YOUR BUSINESS POSITION 5Pouse Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	☐ \$0 - \$499 ☐ \$10,001 - \$100,000
□ \$500 - \$1,000	│
∐ \$1,001 - \$10,000	
<ul> <li>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</li> </ul>	■ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)
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· <u> </u>	
A BUTCHARATO AND INTERCATO IN SEA, DROBERTY HE DROTTE	A NUMBER OF A STREET OF THE PROPERTY HELD BY THE
◆ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
· · · · · · · · · · · · · · · · · · ·	
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000/
\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	\$1,000,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs, remaining	Yrs. remaining
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2010/2011) Sch. A-2

### SCHEDULE D Income - Gifts



► NAME OF SOURCE	► NAME OF SOURCE
PANCHO CULAMONGA CHAMBOR OF BRIMBLE	City of PANCHO CICAMONGA
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable) 10500 Civic Control De CA. 91730  PANCHO (LICAMONCA CA. 91730
ADDRESS (Business Address Acceptable)  9890 CHOLLIA VE. 92335  BUSINESS ACTIVITY, IF ANY, OF SOURCE	PANCHOCULAMONS A. CA. 91730
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINASS ADVOCACY	LOCAL GOUDLUMENT
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
514110 \$63 GOIFAND DINNER	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  10, 16, 10 \$ 46, 50 DINNER
·	
► NAME OF SOURCE	▶ NAME OF SOURCE
BURETOCLUASTO INDUSTRIAL	
ADDRESS (Rusiness Address Acceptable)	ADDRESS (Business Address Acceptable)
PONTANA CA. 92335 OPALC	
BUSINESS ACTIVITY, IF ANY, OF SOURCE CHARITY	BUSINESS ACTIVITY, IF ANY, OF SOURCE
WASTEMANABENIEN	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
9,27,10 : 70,00 GOIF	
\$	
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDREŚS (Business Address Acceptable)  LOSOD CIUTE CONTUNE DE CA. 91730  BUSINESS ACTIVITY, IF ANY, OF SOURCE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE STATEOP	BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOCAL GOUDENMONT COUNTY	
DATE (mm/dd/mi) VALUE DESCRIPTION OF CIETYS)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3,25,10 \$ 55.00 DINNOC	
i , ,	
	·
Comments:	
Voluments.	
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# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400K5T22DT	
CITY AND STATE	CITY AND STATE
SACRAMENTO CA. 95-814 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (C)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
ADVOCACY FOR CITIES AND THEIR RESIDENT	
DATE(S): 101 10 12/31/10 AMT: \$ 606, 06	DATE(S):
TYPE OF PAYMENT: (must check one) 🔲 Gift 🛣 Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION: TRAVEL, MAAS AND LODGING	DESCRIPTION:
FOR VOLUNTER SELDICES AS A MEMBER OF THE LIMBURE BOALD & DILECTORS	
NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	
	•